No. 300
10-48

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8609**

BIRTH NO. **49-015-446**   REG. DIST. NO. **149**   PRIMARY REG. DIST. NO. **1002**   Registrar's No. **1117**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).		
a. COUNTY **JACKSON**		a. STATE **MISSOURI**	b. COUNTY **JACKSON**	

b. CITY OR TOWN **KANSAS CITY** (If outside corporate limits, write RURAL and give township) ()   c. LENGTH OF STAY (in this place) **life**

c. CITY OR TOWN **KANSAS CITY** (If outside corporate limits, write RURAL and give township)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **GENERAL HOSPITAL #2**

d. STREET ADDRESS **2300 Agnes Street** (If rural, give location)

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH
a. (First) **INFANT**	b. (Middle)	c. (Last) **SHEPHERD**	(Month) (Day) (Year) **FEBRUARY 15 1949**

5. SEX **MALE** 2	6. COLOR OR RACE **NEGRO**	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **SINGLE**	8. DATE OF BIRTH **FEBRUARY 15 1949**	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours **4** Min. **18**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **INFANT**	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) **KANSAS CITY, MISSOURI**	12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **THURMAN SHEPHERD**	13b. MOTHER'S MAIDEN NAME **ARLENE PRICE**	14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME **ARLENE SHEPHERD** ADDRESS **2300 Agnes Street**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **PREMATURITY ATELECTASIS OF LUNG**	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	
DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **7625**	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **2/15/** 19 **49**, to **2/15/**, 19 **49**, that I last saw the deceased alive on **2/15/**, 19 **49**, and that death occurred at **11:48A** m., from the causes and on the date stated above.

23a. SIGNATURE **E. Frank Ellis** (Degree or title) **M.D.**	23b. ADDRESS **600 East 22nd Street**	23c. DATE SIGNED **3/8/49**

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE **3-11-49**	24c. NAME OF CEMETERY OR CREMATORY *Leeds Municipal*	24d. LOCATION (City, town, or county) *Leeds Station KC* (State) *MO*

DATE REC'D BY LOCAL REG. **3-10-49**	REGISTRAR'S SIGNATURE *Geraldine Holmes*	25. FUNERAL DIRECTOR'S SIGNATURE *Wm. A. Lohmeyer* ADDRESS *KC MO*

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....

.... *Not Embalmed* ...., **Student Embalmer No.** ....

working under my personal supervision.

Signed .... *Wm. A. Lohmuyer* ....

Signed ....
        Student Embalmer

Licensed Embalmer No. *3089*

P. O. Address .... *K C Mo* ....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.